

Chapter 13 – Abbreviated Uniform Assessment Instrument (UAI) Form

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Important	<p>The required fields referenced in this chapter refer to system-required fields. These fields are required in order for the form to be saved in approved status.</p> <p>The information that is required due to policy may be different from those that are system required.</p>
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Person Administration Requirements

Introduction	According to each form, certain fields are required within the Person Administration.
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Required Fields for Approved Form Status	<p>Personal Details Page:</p> <p>Customer <i>Legal Name</i> (First and Last Names) <i>Date of Birth</i> <i>Gender</i> <i>Marital Status</i> <i>Veteran/Spouse of Veteran</i> <i>Ethnic Background</i></p> <p>Address Details Page:</p> <p>Needs to have the Address Type of <i>Residence</i> <i>Street</i> <i>City</i> <i>County</i> - If out of state - use County "ZZ" <i>State</i> - If out of country - use State "ZZ" <i>Zip</i> <i>Residence</i> - Rural or Urban</p>
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Saving Form	Each navigational tab (page) must be saved before advancing to the next tab. Once the save is successful the page will automatically forward to the next navigational level tab.
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Customer Primary Navigation Tab

Requirement Add or update all customer and associate information before you begin.

Form Reference Page 1 of the Abbreviated Uniform Assessment Instrument (UAI) form

**Main
Secondary
Navigation Tab**

KAMIS ID: 50000176 Name: JETSON, GEORGE PSA: 7 Assessment Nbr:

Abbreviated UAI - Nutrition Assessment [Unmet Needs](#)

Customer Functional Nutrition Service Plan Release Print View

Main Demographics

* Person's Original Effective Date 01/01/2007

* Form Status WORK IN PROGRESS

* PSA 7 - EAST CENTRAL KS AAA

Assessor Search (Last, First) [input field]

* Assessor [dropdown]

* Assessor Phone [input field]

* Assessment Date (mm/dd/yyyy) [input field]

* Reassessment Date (mm/dd/yyyy) [input field]

Save

Disaster Red Flag

Electric ☐

Phys Assist Medication ☐

No Access To News ☐

Cognitive Impairment ☐

None ☐

Required Fields All fields displayed on this page are required.

Note The form status will automatically be placed in Work in Progress status which will be uneditable until the form is saved. Once the form data entry is completed, then switch the Form Status field will be active.

Selecting an Assessor To select an assessor, type in the full or partial name and press enter. A search will be performed and a listing will be displayed. Click on the appropriate Assessors Name to select.

* Form Status: WORK IN PROGRESS

Assessor Search (Last, First) SPA

* Assessor

- SPACELY, COSMO - 50000037 DEBY HOME CARE
- SPAIN, NORMAN - 3132 WAMEGO SR CTR
- SPALDING, AMANDA - 6142 HOLTON SR CTR

* Assessment Date (mm/dd/yyyy): [input field]

Continued on next page

Customer Primary Navigation Tab, Continued


Demographic Secondary Navigation Tab


KAMIS ID: 50000176 Name: JETSON, GEORGE PSA: 7 Assessment Nbr:

Abbreviated UAI - Nutrition Assessment [Unmet Needs](#)

Customer Functional Nutrition Service Plan Release Print View

Main **Demographics**

 Income below poverty level?

 Does customer live alone?


Does the customer have difficulty:


Communicating

Understanding Information

Remembering Information

SSN 963-25-8741

 Save

 Indicates required for Approval

Required Fields *Income below poverty level?*

Does customer live alone?

Continued on next page

Functional Primary Navigation Tab

Form Reference

Page 1 of the Abbreviated Uniform Assessment Instrument (UAI) form








ADL Secondary Navigation Tab


KAMIS ID: **50000176** Name: **JETSON, GEORGE** PSA: **7** Assessment Nbr:


Abbreviated UAI - Nutrition Assessment [Unmet Needs](#)

Customer **Functional** **Nutrition** **Service Plan** **Release** **Print View**

ADL **IADL** **Risks**

 Activities of Daily Living	Difficulty	No Difficulty
 Bathing	<input type="radio"/>	<input type="radio"/>
 Dressing	<input type="radio"/>	<input type="radio"/>
 Toileting	<input type="radio"/>	<input type="radio"/>
 Transferring	<input type="radio"/>	<input type="radio"/>
 Walking/Mobility	<input type="radio"/>	<input type="radio"/>
 Eating	<input type="radio"/>	<input type="radio"/>



 Indicates required for Approval

Required Fields All fields displayed on this page are required.

Continued on next page

Functional Primary Navigation Tab, Continued

IADL Secondary Navigation Tab

KAMIS ID: **50000176** Name: **JETSON, GEORGE** PSA: **7** Assessment Nbr:

Abbreviated UAI - Nutrition Assessment [Unmet Needs](#)

Customer

Functional

Nutrition

Service Plan









Release

Print View


ADL

IADL

Risks

 Instrumental Activities of Daily Living	Difficulty	No Difficulty
 Meal Preparation	<input type="radio"/>	<input type="radio"/>
 Shopping	<input type="radio"/>	<input type="radio"/>
 Money Management	<input type="radio"/>	<input type="radio"/>
 Transportation	<input type="radio"/>	<input type="radio"/>
 Use of Telephone	<input type="radio"/>	<input type="radio"/>
 Laundry/Housekeeping	<input type="radio"/>	<input type="radio"/>
 Medication Management, Treatment	<input type="radio"/>	<input type="radio"/>

Save

 Indicates required for Approval

Required Fields All fields displayed on this page are required.

Continued on next page


Functional Primary Navigation Tab, Continued


Risks Secondary Navigation Tab


KAMIS ID: 50000176 Name: JETSON, GEORGE PSA: 7 Assessment Nbr:

Abbreviated UAI - Nutrition Assessment [Unmet Needs](#)

Customer	Functional	Nutrition	Service Plan	Release	Print View
ADL	IADL	Risks			

 Are there concerns of possible Abuse, Neglect, and/or Exploitation?

 Does the customer have difficulty with chores (i.e. mowing the lawn)?

 Indicates required for Approval

Required Fields All fields displayed on this page are required.

Continued on next page

Nutrition Primary Navigation Tab

Form Reference

Page 2 of the Abbreviated Uniform Assessment Instrument (UAI) form

Nutrition Risks Secondary Navigation Tab

KAMIS ID: 50000176 Name: JETSON, GEORGE PSA: 7 Assessment Nbr:

Abbreviated UAI - Nutrition Assessment [Unmet Needs](#)

Customer Functional **Nutrition** Service Plan Release Print View

Risks Eating Problems Eating Patterns

Ask the Customer the following questions

Do you eat daily? Yes/No	Comments	Score
less than 2 meals? <input type="text"/>	<input type="text"/>	3
less than 2 servings of fruits and vegetables? <input type="text"/>	<input type="text"/>	1
less than 2 servings of dairy products? <input type="text"/>	<input type="text"/>	1
less than 6 glasses of liquids? <input type="text"/> # of glasses	<input type="text"/>	0
3 or more alcoholic beverages? <input type="text"/>	<input type="text"/>	2
3 or more medications? <input type="text"/>	<input type="text"/>	1
Dental problems make it difficult to eat? <input type="text"/> Which?	<input type="text"/>	2
Eating habits changed due to illness? <input type="text"/> What?	<input type="text"/>	2
Physically unable to shop, cook eat? <input type="text"/> Which?	<input type="text"/>	2
Eat alone most of the time? <input type="text"/>	<input type="text"/>	1
Do not have enough money to buy food? <input type="text"/>	<input type="text"/>	4
Gained/lost more than 10 pounds in 6 months? <input type="text"/> Gained/Lost	<input type="text"/>	2
<div>Gained Lost</div> <div><input type="text"/> <input type="text"/></div>		
Total Nutrition Risks Score		<input type="text"/>

Required Fields If any option is answered "Yes" then *Comments* field is required.

Hint Select just the "Yes" on the appropriate questions. Other fields can be left blank. Blank will default to "No" in the database. However, "No" will not be displayed on the form.

Continued on next page

Nutrition Primary Navigation Tab, Continued

Eating Problems Secondary Navigation Tab

KAMIS ID: 50000176 Name: JETSON, GEORGE PSA: 7 Assessment Nbr:

Abbreviated UAI - Nutrition Assessment [Unmet Needs](#)

Customer Functional **Nutrition** Service Plan Release Print View

Risks **Eating Problems** Eating Patterns

Ask the Customer the following questions

Would you say that your appetite is:

0 of 2000

Do any of the following cause you problems or effect your ability to eat? YES/NO

Swallowing ☐

Taste ☐

Nausea, Vomitting ☐

Cutting up food ☐

Opening Containers ☐

Food allergies (specify) ☐

0 of 2000

No Concerns ☐

Required Fields No fields displayed on this page are required.

However, if "Food Allergies" is selected then a comment in *Specify* is required.

Continued on next page

Nutrition Primary Navigation Tab, Continued

Eating Patterns Secondary Navigation Tab

KAMIS ID: 50000176 Name: JETSON, GEORGE PSA: 7 Assessment Nbr:

Abbreviated UAI - Nutrition Assessment [Unmet Needs](#)

[Customer](#) [Functional](#) [Nutrition](#) [Service Plan](#) [Release](#) [Print View](#)

[Risks](#) [Eating Problems](#) [Eating Patterns](#)

How often do you:	No	Yes	How Often?
Skips meals and just snacks, "piece", through the day?	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Lack the energy or desire to fix a meal?	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Find you don't know what to fix or can't fix small portions?	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Forget to turn the stove off or burn food?	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Lack the desire to eat or fix a meal?	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Eat restaurant or fast food?	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Leave home?	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
if not, why?	<input type="text"/>		

0 of 2000

What do you eat in a typical day?

0 of 2000

Comments

0 of 2000

Required Fields No fields displayed on this page are required.

However, if "Yes" is selected then a comment in ***How Often?*** is required.

Service Plan Primary Navigation Tab

**Form
Reference**

Page 3 of the Abbreviated Uniform Assessment Instrument (UAI) form

**Help Prepare
Food
Secondary
Navigation Tab**

KAMIS ID: 50000176 Name: JETSON, GEORGE PSA: 7 Assessment Nbr:

Abbreviated UAI - Nutrition Assessment [Unmet Needs](#)

Customer Functional Nutrition **Service Plan** Release Print View

Help Prepare Food Modified Diet Homebound

Ask the Customer the following questions

* Does anyone help you prepare food or bring food to you?

If yes, answer the following

Who?	What?	When?
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Save

Required Fields *Does anyone help you prepare food or bring food to you?*

Who?

What?

When? Required if the answer is "yes". Minimum of one line.

Continued on next page

Service Plan Primary Navigation Tab, Continued

Modified Diet Secondary Navigation Tab

KAMIS ID: 50000176 Name: JETSON, GEORGE PSA: 7 Assessment Nbr:

Abbreviated UAI - Nutrition Assessment [Unmet Needs](#)

Customer

Functional

Nutrition

Service Plan

Release

Print View

Help Prepare Food

Modified Diet

Homebound

Ask the Customer the following questions

Are you following any modified diet(s)? ☐ Are any of the diets doctor prescribed? ☐

Check each modified diet followed: Check if doctor prescribed and indicate the name of the doctor

Low sodium (salt) <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Diabetic <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Mechanical <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Renal <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Diverticulitis <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Vegetarian <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Pureed <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Ethnic/Religious <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Save

Required Fields If completed:

Are you following any modified diet(s)?

If the answer is "yes" then at least one selection in the first column is required for each modified diet followed.

Are any of the modified diets doctor prescribed?

If the answer is "yes" then at least one selection in the second column is required for doctor prescribed modified diets.

If the above is answered "yes" the ***Indicate the Name of the Doctor*** field is required.

Continued on next page

Service Plan Primary Navigation Tab, Continued

Homebound Secondary Navigation Tab

KAMIS ID: **50000176** Name: **JETSON, GEORGE** PSA: **7** Assessment Nbr:

Abbreviated UAI - Nutrition Assessment [Unmet Needs](#)

Customer

Functional

Nutrition

Service Plan

Release

Print View

Help Prepare Food

Modified Diet

Homebound

Ask the Customer the following questions

Is the Customer:

Physically Homebound

Socially Homebound

Isolated

Participant Status

☐ 60+ ELIGIBLE PERSON

☐ SPOUSE, REGARDLESS OF AGE, OF 60+ ELIGIBLE PERSON

☐ DISABLED PERSON, REGARDLESS OF AGE, RESIDING WITH 60 ELIGIBLE PERSON

☐ 60+ NON-SPOUSE CARETAKER (IIIB HOME-DELIVERED MEALS ONLY)

☐ NOT APPLICABLE

Do you recommend a referral to the Area Agency for in-home service?

☐ No ☐ Customer Refuses ☐ Yes

Date of Referral (mm/dd/yyyy)

Indicates required for Approval

Required Fields All fields displayed on this page are required.

Continued on next page

Support Services Primary Navigation Tab

Form Reference

Lower portion of Page 3 of the Abbreviated Uniform Assessment Instrument (UAI) form.

Support Services Card

KAMIS ID: 50000176 Name: JETSON, GEORGE PSA: 7 Assessment Nbr:

Abbreviated UAI - Nutrition Assessment [Unmet Needs](#)

Customer Functional Nutrition Service Plan **Release** Print View

***** Nutrition Assessment Form Completion *****

Release of Information:

Has the form been signed to release the information to the Kansas Department on Aging, AAA and service provider as listed above?

Who signed the form?

Save

Required Fields All fields displayed on this page are required.

Plan of Care / Unmet Needs For Plan of Care and Unmet Needs entry, the individual chapters for detailed instructions.

Print View

Form Reference

This tab will give the opportunity to print the assessment information in its entirety. The format will not be in the same arrangement as the form, but it will be divided into sections of information according to the paper form. This will open in a separate window from the assessment.

Print View

The grayed background area indicates the information is from Person Administration

When printing the pages will separate as indicated.

Nutrition Assessment - Microsoft Internet Explorer

Kansas Department on Aging - Abbreviated Uniform Assessment Instrument
DEVELOPMENT Viewed on: 04/30/2007 03:53:37 PM by: TRAININGUSER page 1

KAMIS ID: 50000176 Birth Date: 07/04/1920 Age: 86 Customer SSN: 963258741
Name: GEORGE JETSON Gender: MALE
Name Preferred: Marital Status: MARRIED
Veteran/Spouse of Veteran: Y Medicaid Card ID:
Medicare Card ID:

Customer Ethnicity Type: NOT HISPANIC OR LATINO
Customer Ethnicity: WHITE NON-HISPANIC

Customer Speaks: ENGLISH
Customer Reads: ENGLISH
Customer Understands: ENGLISH

Current Addresses: Address Type: RESIDENTIAL Effective Date: 01/01/2007 Termination Date:
Location: URBAN County: SN - SHAWNEE

101 SKYPAD APARTMENTS
ORBIT CITY, KS 66601-1111
Primary Phone: 7852964987 Alternate Phone: Cell Phone: Fax:
E-Mail: Website:
Directions:

Roles: CUSTOMER ACTIVE Effective Date: 01/01/2007 Termination Date:
Associates: EMERGENCY CONTACT SPOUSE Effective Date: 04/01/2007 Termination Date:
JETSON, JANE 785-296-6459
FINANCIALLY RESPONSIBLE FOR CO-PAY/CUSTOMER OBLIGATION CONSERVATOR Effective Date: 01/01/2007 Termination Date:
SPACELY, COSMO G. 785-296-4987

Kansas Department on Aging - Abbreviated Uniform Assessment Instrument
DEVELOPMENT Viewed on: 04/30/2007 03:53:37 PM by: TRAININGUSER page 2

Customer: 50000176 - JETSON, GEORGE
PSA: 7 Assessment Nbr: 50000378 Assessment Date: 01/29/2007
Form Status: WORK IN PROGRESS Disaster Red Flag:

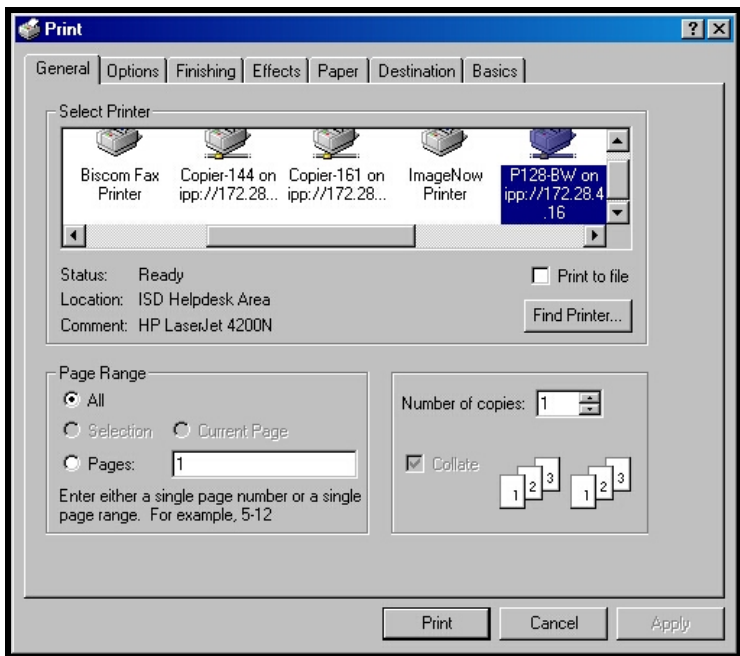
Continued on next page

Print View, Continued

To Print


Follow the steps in the table below to complete the Customer Referral process.

Step	Action	Result
1.	Click on the printer icon at the top right of any region.	Printer dialog box will display. (This may look different depending upon your printer and the options available.)



2.	Select the Page Range	See table below for options.						
	<table><tr><th>Option</th><th>Result</th></tr><tr><td>All</td><td>All pages will print</td></tr><tr><td>Pages (enter the page number)</td><td>Only the specified page will print.</td></tr></table>		Option	Result	All	All pages will print	Pages (enter the page number)	Only the specified page will print.
Option	Result							
All	All pages will print							
Pages (enter the page number)	Only the specified page will print.							
3.	Click on Print .	Document will print.						

To Close

The window can be closed by clicking on the  in the right upper corner.